



# State of Missouri

Matt Blunt, Secretary of State

## Commissions

PO Box 784, Jefferson City, MO 65102

Toll-Free (866) 223-6535 or (573) 751-2783

### **Application for Amended Commission as a Notary Public** **Change of Employer County (Non-Resident Notaries Only)**

(Application fee \$5)

#### **Print or Type**

1. Name \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
(This name must appear as it is signed in #7)
2. Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Daytime Phone Number \_\_\_\_\_
4. Commission Dates Beginning \_\_\_\_\_ Ending \_\_\_\_\_
5. Commission Number \_\_\_\_\_ (for those receiving commissions after August 28, 2004)
6. **CHANGE IN EMPLOYER COUNTY** (For **Non-Resident** Notaries **ONLY**)

I hereby request the Secretary of State to issue an amended notary public commission changing my county of employment from

\_\_\_\_\_ County, Missouri, to \_\_\_\_\_ County

Missouri, where I am presently employed, effective on the \_\_\_\_\_ day of \_\_\_\_\_.

7. **Signature of Applicant** (This signature must appear as it is typed or written in #1)

#### **PAYMENT**

☐ \$5 Check or Money Order Enclosed (Payable to Director of Revenue)

Credit Card: ☐ Master Card ☐ Visa ☐ Discover ☐ American Express

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ CARD NUMBER (16 Digits) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Amended Application Instructions**  
**Employer County Change (Non-resident Notaries Only)**

1. **Name** - You should print or type your name as you want it to appear on your commission certificate. You are required by law to use your full last name, while initials may be used for first and middle names.

**Date of Birth** - Please provide your birth date in numerals: month/day/year. This is to confirm that applicants are at least eighteen years of age.

2. **Residence Address** - Please provide the address at which you reside. If your mail goes to a post office box, please include a street address after the PO Box number. Also give the city, state and zip code.
3. **Daytime Phone** - You are requested to provide a phone number where we can reach you BETWEEN THE HOURS OF 8:00 a.m. and 5:00 p.m., should we need to verify information given on the application in order to prevent the delay of returning the form to you for verification.
4. **Commission Dates** - Please indicate the beginning and ending dates of your present commission as a notary public.
5. **Commission Number** - Please provide your commission number if you were commissioned after August 28, 2004.
6. **Change in Employer County**  
Enter the name and address of your new employer. Also include the new county and the effective date of employment.
7. **Signature** - Complete the form by adding your signature in the same name style you indicated in # 1 on the application. The Secretary of State's Office can only accept original signatures - photocopied signatures will be rejected.

Please include your \$5 application fee.

Please include your previous notary certificate. You will receive a new certificate with your new information.